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CONFIRMATION NO. 4595

SERIAL NUMBER 09/685,830	FILING OR 371(c) DATE 10/09/2000 RULE	CLASS 424	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 210121.465C3
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/684,361 10/06/2000 PAT 7,115,272 which is a CIP of 09/276,484 03/25/1999 ABN  
which is a CIP of 09/164,223 09/30/1998 PAT 7,063,854

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/10/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	WA	22	51	18
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

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## TITLE

COMPOSITIONS AND METHOD FOR WT1 SPECIFIC IMMUNOTHERAPY

FILING FEE RECEIVED 1299	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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